

DISABILITY/RETIREMENT CLAIM FORM

KCDRB Form 2

LEOFF-I Employee Application for Disability Benefits

(To be completed by LEOFF-1 member's employer)

Please mail this form with any relevant accompanying documentation to King County Disability Retirement Board, The Chinook Building CNK-ES-0240, 401 Fifth Avenue, Seattle, WA 98103-2333. If you have questions, call 206-263-6394, or 206-684-1556 (call center).

To Employer:

This is an application for LEOFF-1 disability and retirement leave benefits. Any information you want brought to the King County Disability Retirement Board's attention regarding disability/retirement leave, eligibility, or employee's information provided in KCDRB Form 1, should accompany this Employer's Statement or be supplied to the board as soon as possible. You'll be notified of the board's action to determine eligibility for disability/retirement leave and any related matter to this claim.

I. Employer Certification.

I HEREBY CERTIFY, according to our records, that the above-named individual has correctly stated the information requested in KCDRB Form 1. Any exceptions are explained below or provided in a separately attached statement.

In addition, I've reviewed and attached a copy of the member's current job description related to the specific position, rank and duties held when leave commenced.

I-a. To the best of your knowledge, when your LEOFF-1 employee applied for LEOFF-1 disability/retirement benefits and commenced leave, was he or she able to perform, with average efficiency, the regular duties of the position held then?

☐ This applicant was not able to perform regular duties with average efficiency. I concur with the medical information submitted.

☐ Yes, I believe the applicant was able to perform with average efficiency at the time leave commenced. I've attached a letter of explanation, affidavit(s), or other information to support this.

☐ I do not have enough information to provide a definitive response.

1-b **Line of duty status.**

To the best of my knowledge:

☐ I believe the disability **did not** incur in the line of duty.

☐ I believe the disability **did** incur in the line of duty.

☐ I do not have enough information to provide a definitive response.

KCDRB Form 2 (continued)

1-c. **Other positions offered.** The LEOFF-1 statutes do not have specific provisions for light-duty positions in lieu of disability/retirement. In the event a disability is found to be continuous such that the member is or will not be able to return to the regular position held, the following is provided:

- ☐ The member **will** be offered assignment to another position within this department, which will enable him or her to continue in a full-time or part-time position with consideration of the disability incurred.
- ☐ The member **has been** offered assignment to another position within this department, which will enable him or her to continue in a full-time or part-time position with consideration of the disability incurred.
- ☐ I do not have enough information to provide a definitive response.

On behalf of this department, I understand a LEOFF-1 member reserves the right to refuse alternate assignments presented, or that an employer is under no obligation to provide such, unless a special arrangement is mutually arrived at.

Signed: _____ Date: _____

Employer supervisor or chief

Title: _____

The King County Disability Retirement Board for LEOFF-1 will only accept original signed and dated claim forms. If you are concerned about privacy, do not e-mail personal information or a copy of this completed form to the Board – your privacy over the Internet cannot be guaranteed.